



The Journal

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September 11, 2014

Vets Tell Stories Through Combat Paper Project, Warrior Writers Workshop

By Mass Communication Specialist 2nd Class (SW/AW/IDW) Ashanté Hammons NSAB Public Affairs

Everyone around us has a story to tell. Different experiences are a part of our DNA, and those experiences have molded our individual characteristics. While some people we know vocalize their experiences freely, there are others who cannot vocalize life-changing events. Art, whether it is visual or written, becomes a refuge.

Ashy Palliparambil, hospital services specialist at the USO Warrior and Family Care Centers at Naval Support Activity Bethesda (NSAB) and Fort Belvoir, is responsible for the art and music programs dedicated to wounded, ill or injured service members and their families.

"Combat Paper Project is a nonprofit [organization] in itself and they actually develop the process," explained Palliparambil. "USO Metro partners with Combat Paper New Jersey and we pay them



Seema Rezna, recreation arts coordinator, reads a poem written by one of the participants during the Combat Paper Project Art Exhibit.

to come down and to facilitate this project."

According to the website, Combat Paper workshops "feature processes historically rooted in the traditions

of hand papermaking." Eli Wright, a facilitator for the most recent workshop in August, called it a "straightforward process." The workshop consists of participants taking

their old uniforms and turning them into paper art.

"There's a lot of symbolism wrapped up into the paper transforming," said Wright. "We break down the uniform

and we explore the experiences wrapped up in those uniforms. Then, we deconstruct it and turn it into pulp. By doing this, we reclaim those stories into sheets of paper and turn it into a medium and an artifact that one can hold and share with their families and communities. Once we have the paper formed, we begin the storytelling process."

According to Palliparambil, Seema Rezna, recreation arts coordinator at Fort Belvoir and Walter Reed National Military Medical Center (WRNMMC), had Combat Paper New Jersey personnel visit the commands prior to the building of the USO centers. In addition to Combat Paper, Warrior Writers was incorporated into the five day workshop. At its conclusion, Combat Paper and Warrior Writers host an exhibit for the participants to showcase their work.

"They get the choice if they want to read," said Palliparambil. "So, if they choose to read, they can get up and talk about their artwork too or just

See **COMBAT** page 7

Be Prepared, Plan Ahead for Natural Disasters and Other Emergencies

Compiled from FEMA.gov, ready.gov and ready.navy.mil websites

Last week, we introduced National Preparedness Month and talked the importance of being prepared, introducing www.ready.navy.mil as a key resource to get ready for potential hazards. This week, the focus is on how to prepare for specific events before they occur.

In this area, we are prone to thunderstorms and flooding, so let's review the steps you and your family should take before these occur.

September Preparedness Info tables, NSAB

Thursday, Sept. 11: 10 a.m. - 1 p.m. - Bldg. 17

Monday, Sept. 15: 10:30 a.m. - 1:30 p.m. - USUHS

Wednesday, Sept. 17: 6 a.m. - 9 a.m. - Navy Lodge

Monday, Sept. 22: 10 a.m. - 1 p.m. - Bldg. 19

The following information can be found on www.ready.gov. Another excellent website is www.fema.gov.

Thunderstorms

To begin preparing, you should build an emergency kit and make a family communications plan. (Both can be found at <http://www.ready.gov> and www.ready.gov.

[navy.mil](http://www.navy.mil) under the tabs 'Make a Plan' and 'Build a Kit'.)

- Remove dead or rotting trees and branches that could fall and cause injury or damage during a severe thunderstorm.
- Postpone outdoor activities.
- Secure outdoor objects that could blow away or cause damage.

- Get inside a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside.

- Remember, rubber-soled shoes and rubber tires provide NO protection from lightning. However, the steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.

- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades or curtains.
- Unplug any electronic

equipment well before the storm arrives.

Flooding

The first step in being prepared is to know about the hazards that can affect you where you live and work. Floods can occur anywhere in the United States.

- Flood-related injuries and deaths occur when people become trapped in floodwaters.

- If you are in an area where flooding occurs, do not enter flooded areas or moving water

See **DISASTER** page 6

Commander's Column

Opportunities have long existed throughout the military for our enlisted personnel to advance to officer ranks in a variety of career fields. For example, the Navy's Medical Enlisted Commissioning Program, the Air Force's Nurse Enlisted Commissioning Program, and the Army's AMEDD Enlisted Commissioning Program offer an avenue to become military Nurse officers, while the Seaman to Admiral-21 program, the Green to Gold program, and the Airman Scholarship and Commissioning Program, among others, provide additional ladders to advancement.

Enlisted service members in the Air Force and Army, and hopefully soon the Navy and Marine Corps, now have an opportunity to prepare for future careers as uniformed physicians thanks to a new program headquartered here at the Uniformed Services University of the Health Sciences F. Edward H?bert School of Medicine.

The "Enlisted to Medical Degree Preparatory Program," or EMDP2, is a 24-month program for highly-qualified enlisted service members interested in a career as a military doctor. Candidates attend school full-time at George Mason University-Prince William (GMU-PW) campus in Manassas, Va., to prepare them to apply to medical school, while remaining on active duty. Candidates must possess a baccalaureate degree from an accredited academic institution with a minimum of a 3.2 grade point average and meet Service requirements for commissioning.

The inaugural EMDP2 class, made up of five students each from the Army and Air Force, come from a variety



of career backgrounds, including contracting, medical laboratory, combat medic, infantry, air traffic control, and reconnaissance. The group reported to USU in August to begin the program, which includes full-time medical school preparatory coursework in a small, traditional classroom setting at GMU-PW, structured pre-health advising, formal Medical College Admission Test (MCAT) preparation, dedicated faculty and peer mentoring at USU, and integrated clinical exposure. When they successfully complete the program, these 10 students will qualify to apply to most U.S. medical schools.

The EMDP2 gives us and the Services a way to better recognize the talent that exists within our enlisted force--the professional backbone of the military--and provide them an opportunity to continue their aspirations to become physician-leaders in the rapidly evolving Military Health System.

For more information on the EMDP2, visit our website at: <http://www.usuhs.edu/adm/emdp2.html>, "like" our EMDP2 Facebook page: <https://www.facebook.com/USUEMDP2>, or call Ms. Althea Green-Dixon at (301) 295-3198. I also invite you to watch video interviews with the charter EMDP2 class to hear their perspectives on the program: https://www.youtube.com/playlist?list=PLr4mqJimffIL_-pdLQgzbec04rG6AS_b1.

Charles L. Rice, MD
President, Uniformed Services
University of the Health Sciences

Bethesda Notebook

Prostate Cancer Support Group

The Prostate Cancer Support Group meets at Walter Reed Bethesda every third Thursday of the month. The next meetings will be Sept. 18 from 1 to 2 p.m. and from 6:30 to 7:30 p.m. in the America Building, River Conference Room on the third floor. Spouses and partners are invited to attend. Military ID is required for base access to Naval Support Activity Bethesda and Walter Reed National Military Medical Center. For those without a military ID, call the Prostate Center at 301-319-2900 at least two days prior to the event. For more information, contact retired Col. Jane Hudak at 301-319-2918 or email jane.l.hudak.ctr@health.mil.

Physical Readiness Training

Time is approaching for the Navy Physical Fitness Assessment (PFA) at Walter Reed Bethesda. Medical waivers for Sailors are due to Internal Medicine by Sept. 19. Navy command weigh-ins/body composition assessments will be conducted from Oct. 6 through Oct. 17 from 7:30 a.m. to 3 p.m. in Building 9, first floor mezzanine. Testing for Sailors will be scheduled by directorate and conducted from Oct. 20 through Nov. 14. All Sailors must complete their weigh-in prior to scheduling their test. Also, the semi-annual Army Physical Fitness Test (APFT) will be Oct. 6 through Oct. 31. Height and weight checks will be conducted in the Troop Command Bldg. (147) Monday through Thursday from 8 a.m. to 3 p.m., and Friday from 8 a.m. to noon, and must be accomplished within 14 days of your APFT. Soldiers with a permanent profile must produce a copy to the non-commissioned officer-in-charge on the day of testing. For more information, call the Walter Reed Bethesda Physical Readiness Training office at 301-295-5502.

Birth Month Training

Birth month training for Army, Navy and civilian personnel at Walter Reed Bethesda is held every second and fourth Thursday of each month in Clark Auditorium beginning at 8 a.m. Training sessions include personal finance and stress management; EO and grievance procedures, hazing policy and prevention, fraternization awareness and prevention; sexual harassment and grievance procedures; suicide awareness and prevention; threat awareness and counter-intelligence; and drug and alcohol prevention education.

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Bono's Town Hall Provides Updates, Initiatives

By Sharon
Renee Taylor
WRNMMC Public
Affairs staff writer

"This is really for you. I want to know what you're thinking about," Director of the National Capital Region Medical Directorate, Rear Adm. (Dr.) Raquel C. Bono told the Walter Reed Bethesda staffers assembled in Memorial Auditorium during her third town hall meeting for calendar year 2014 on Aug. 27.

Bono provided the medical center staff updates on three market initiatives and the actions planned for early fiscal year 2015. Medical center staffers asked questions and provided feedback.

Patient satisfaction at both Walter Reed Bethesda and Fort Belvoir Community Hospital (FBCH) continues to score above standard on most TRICARE Inpatient Satisfaction Surveys (TRISS) and TRICARE Outpatient Satisfaction Surveys (TROSS), Bono said. TRISS and TROSS are two of three key beneficiary surveys that measure self-reported access to and satisfaction with Military Health System direct- and purchase-care experiences.

She presented three market initiatives focused on internal processes: decrease deferrals to the network, decrease private sector care costs and establish a patient-driven culture of quality. She also offered a compilation of feedback reads she reviewed from the town hall she hosted on June 12. The compilation, based on the frequency of words and phrases in those surveys for the hospital — patients — indicates the medical center is well underway in establishing the patient-driven culture of quality initiative, according to Bono.

Actions planned for early fiscal year 2015 include a recapture of several thousand family members who are not currently enrolled in a patient center medical home program at a military treatment facility (MTF) within the market. Quantico Marine Base will



Photo by Sharon Renee Taylor

Director of the National Capital Region Medical Directorate, Rear Adm. (Dr.) Raquel C. Bono hosts a town hall for Walter Reed Bethesda staff on Aug. 27, providing updates on market initiatives and actions planned for early fiscal year 2015.

be the first site to bring back patients into their medical home. When they return, some may need specialty care and be directed to Walter Reed National Military Medical Center (WRNMMC) or FBCH.

"We need to make it as easy as possible for those folks to get into our system," she said. "This is extremely, extremely important and you guys are such a big part of the success of this, because this is where specialty care resides."

Bono told the group she seeks Walter Reed Bethesda departments and clinics willing to test direct booking without review, as well as 12-week schedules as efforts to enhance patient access. She also explained the plan to optimize surgical and operating room utilization, merging all operating room schedules into one system to expand a one-team effort. The plan includes proactive booking for surgical specialties, optimizing main operating room productivity as well as aligning and distributing surgeons and staff across the MTFs to meet demand.

Walter Reed Bethesda Healthcare Administrator Dante Dizon offered his observations on how WRNMMC can continue to be successful. Dizon's colleague, Navy Capt. Harry F. Smith, III, spoke

about the clinic manager course, consult process and support by telephone. Bono said Smith was spot on, and explained the move to put FBCH and WRNMMC in the same network.

Dawn Marvin of Strategic Communications discussed regional messaging with other MTFs. "That regional partnership is huge," Bono responded. She said the unifier is taking care of patients. "We're all here for the patients."

Army Chaplain (Capt.) James D. Gray, spoke about connecting with each patient as well as taking care of those that take care of patients. "You're right, it's not an either or — it has to be both," Bono said.

Army Maj. Ebony Chatmon, the new 7-West Service Chief, explained how she felt when she received a follow-up call from WRNMMC that her referral was ready and offered her the opportunity to book an appointment with a specialty provider after her visit to her primary care physician.

"What makes people come to our facility is [the fact] they feel somebody cares and somebody remembers them," Chatmon said. "Just getting that phone call as a reminder about their consults, about their visit — that makes a difference."



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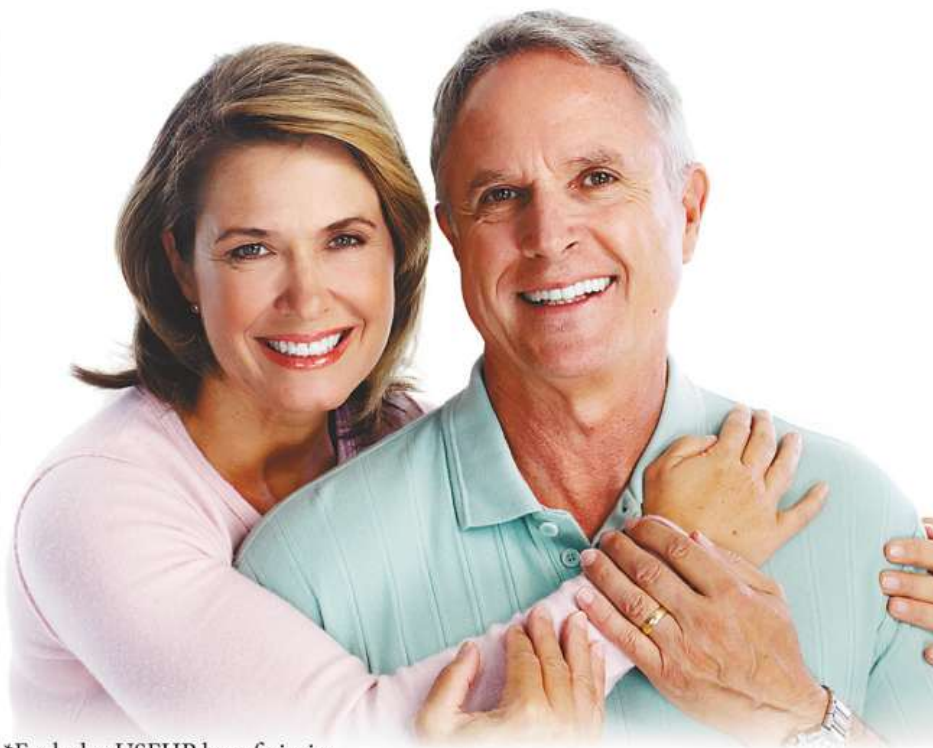
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NSAID and USO BETHESDA'S End of Summer BBQ

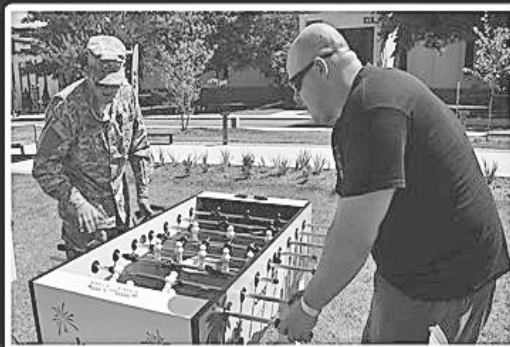


Photo Story by Mass Communication Specialist 2nd Class Brandon Williams-Church

The USO Bethesda recently held an end of summer celebration barbecue Aug. 26 where Naval Support Activity Bethesda staff and family members had the opportunity to play games, eat grilled food and hang out in the sun.

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*Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook* report on Information Security Analysts (Job Outlook, 2012-2022). Published Date: Jan. 8, 2014.

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Navy Surgeon General, Force Master Chief Host Calls at WRB

By Bernard S. Little
WRNMMC Public
Affairs staff writer

Navy Surgeon General Vice Adm. Matthew L. Nathan and Force Master Chief Sherman Boss hosted two calls at Walter Reed Bethesda on Aug. 21, discussing a number of issues impacting military medicine and responding to concerns of staff members.

Nathan, the 37th surgeon general of the Navy and chief of the Navy's Bureau of Medicine and Surgery, served as commander of the former National Naval Medical Center (NNMC), and subsequently, Walter Reed National Military Medical Center (WRNMMC) when it was established as a result of the integration between NNMC and the former Walter Reed Army Medical Center in 2011. He was also Navy Medi-



Photo by Bernard S. Little

Navy Surgeon General Vice Adm. Matthew L. Nathan hosts a call for Walter Reed Bethesda staff at the medical center Aug. 21. "We came here to reinforce that we really believe in the joint mission and success of this organization," Nathan said.

cine National Capital Area commanding officer.

Boss was selected as the Navy Medicine National Capital Area and NNMC command master chief in April 2009, and in October 2011, he was chosen as the Force Master Chief, U.S.

Navy Bureau of Medicine and Surgery, and director, U.S. Navy Hospital Corps.

During their meetings with WRNMMC staff Aug. 21, Nathan and Boss commended the world-class

See **SURGEON** page 8

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Walter Reed Bethesda to Celebrate Air Force's 67th Birthday During Sept. 18 Colors

By Bernard S. Little
WRNMMC Public Affairs
staff writer

Walter Reed Bethesda celebrates the 67th birthday of the U.S. Air Force with a special colors ceremony at 8 a.m. on Sept. 18 in front of the Tower, Bldg. 1. Everyone is invited to attend the event.

Air Force Lt. Col. (Dr.) Kerry Latham, a staff plastic surgeon at Walter Reed National Military Medical Center (WRNMMC), has "proudly" served in the Air Force for nearly 20 years and explains why it's important to celebrate its anniversary.

"The Air Force is the newest [of the U.S. military service]," Latham said. "It is important to remember the Air Force roots and how far we've come in such a short time."

An Air Force officer for nearly 20 years, Latham explained she comes from a family with a legacy of military service.

"I went to Officer Training

School in the summer of 1996 at Maxwell Air Force Base (AFB), [Ala.]. My father, who is former Navy, commissioned me," she said. "My grandfather had been in the Army Air Corps, which later became the U.S. Air Force in 1947. I guess I followed in his footsteps."

A craniofacial surgeon who received her medical training at the Uniformed Services University of the Health Sciences on Naval Support Activity Bethesda (NSAB), Latham said one of her proudest moments in the Air Force was re-establishing plastic surgery services at Keesler AFB, Miss., after Hurricane Katrina. "It was really special to build something out of nothing."

In addition, Latham said she is also proud of her deployment to Bagram Airfield during her first year out of residency where she was the only U.S. reconstructive surgeon in Afghanistan. There, she helped wounded warriors,

See **BIRTHDAY** page 10



Courtesy photo

Air Force Lt. Col. (Dr.) Kerry Latham (left), a staff plastic surgeon at Walter Reed Bethesda, participates in a surgical procedure as part of a team of health-care providers from Walter Reed National Military Medical Center who accomplished a two-week humanitarian mission to the Dominican Republic in March.

DISASTER

Continued from pg. 1

either on foot or in a vehicle, including areas that appear to have only inches of water.

- The best way to stay safe is to leave areas that are flooding or expected to flood and avoid floodwaters.

- If authorities advise or order you to evacuate, do so immediately.

Take these steps now to be able to evacuate quickly and stay informed:

Plan and practice how you would evacuate. Know what transportation and evacuation route you would use. Learn the "5 Ps of Evacuation": people, prescriptions, papers, personal needs and priceless items to help you plan and remember what to take. Store items in a place you can grab them quickly as you leave.

Have cash on hand, in case the power goes out and ATMs fail. Keep at least a quarter tank of gas in your vehicle.

Have a National Oceanographic and Atmospheric Administration (NOAA) weather radio or an AM/FM radio that can be operated without electricity, using batteries (store extra) or a hand-crank, to stay informed. Sign up for local alerts to your cell phone and download

smart phone apps.

Set up a group text on your phone so you can communicate with family members and friends quickly. Write down important phone numbers and keep them in your wallet in case you cannot access the contact list in your phone.

Learn or review first aid skills and keep a first aid kit in your home, vehicle and workplace.

Include considerations for access or functional needs, medical equipment, pets, or language needs in your plans.

Take action now to reduce the risk of damage to your property from flooding. This means elevating critical utilities, such as electrical panels, switches, sockets, wiring, appliances, and heating systems, and waterproofing basements. Make sure your basement is waterproofed and that your sump pump is working and has a battery-operated backup in case of a power failure. Installing a water alarm will also let you know if water is accumulating in your basement. Clear debris from gutters and downspouts. Anchor any fuel tanks. Store valuables and important documents a safe place. In areas with repetitive flooding, consider elevating the entire structure.

The impact of a disaster can be costly. Purchasing flood insurance provides financial protection for the cost of repairs due to flood damage. Standard insurance policies do not cover flooding, but flood insurance is available for homeowners, renters and business owners through the National Flood Insurance Program in participating communities. A policy purchased today will take effect in 30 days, so act now. Take steps now to protect your financial investments and your personal information:

Review, update or purchase adequate insurance for your property.

Take pictures or video of the rooms in your home and any valuable belongings to keep with your insurance policy. Collect and protect your critical documents, including financial and legal documents and medical information so you will have them handy if you need to submit an insurance claim or apply for other assistance.

A flood can cause extreme damage and make an area unsafe. Follow instructions from authorities on when you can return to the area. Do not attempt to drive through areas that are still flooded.

Use extreme caution in and around your home after a flood. It may not be safe to live in your home until repairs have been made. Follow the recommendations from your local public health department.

Personal safety considerations include protecting yourself from electric shock, mold contamination, asbestos and lead paint. Do not touch electrical equipment if it is wet or you are standing in water. Clean and disinfect everything that got wet and throw away food that was not maintained at a proper temperature or was exposed to floodwaters.

Carbon monoxide exhaust kills. Use a generator or other gasoline-powered machine ONLY outdoors and away from windows so the fumes do not get inside.

Photograph or take video of damage to your property and contact your insurance agent. Do what you can to prevent further damage that insurance may not cover (e.g., putting a tarp on a damaged roof).

Seek help from local mental health providers if you detect signs of depression or anxiety in yourself or others.

For more information, visit www.ready.gov/prepare, click on the flood image and then click on the 'Be Smart. Know Your Hazard' icon to download the 'How To Prepare for a Flood' guide. Discuss what you have done to prepare with your family, friends, neighbors, and colleagues and encourage them to take action too.

An equally important piece of being prepared for any poten-

tial disaster is to let authorities and resources know where you are so that you and your family members can be accounted for and receive needed assistance – in this case, via the Navy Family Accountability and Assessment System (NFAAS).

"I always encourage Sailors to update their NFAAS profiles," said Caitlin Mullins, NSAB Fleet and Family Support Center Life Skills and Education Services facilitator.

"NFAAS is a mustering system used by the Navy in any event, including disasters," Mullins explained. "Sailors should log-in at least every six months to update their information, which includes contact information such as phone numbers, emails, and addresses."

"If they have recently moved, married or had a new child they should log in sooner," Mullins continued. "The Army uses ADPAAS and the Air Force AFPAAS. Typically in the event of a disaster or event, each branch will ask personnel to muster in their respective systems. Then a needs assessment can be completed so that Fleet and Family (of other entities) can be in contact with the personnel in need. If it's not up to date, or the personnel do not muster, we do not know how to help."

NFAAS can be accessed at this website: <https://nfda.navyfamily.navy.mil/>.

Ringling, Buzzing, Roaring in Your Ears? Study Seeks Participants

By Sharon Renee Taylor
WRNMMC Public Affairs
staff writer

Although no one else can hear the ringing he hears in his ears, the irritable siren-like, high-pitched noise is a mental distraction for retired Navy Capt. David Ziemba. "It almost hurts," he said. "It wasn't always like this."

When he was younger, the 59-year-old explained he didn't listen to the loud, hard-rock music of the 1970s like his contemporaries. He, instead, preferred the softer rhythms of jazz. The Naval Academy graduate needed solitude to concentrate; he couldn't study in the historic institution's library with the rest of his classmates.

After his commissioning in 1977, the retired naval surface warfare officer said he spent nearly half of his career on shipboard duty, with several deployments, and extensive shifts in shipyards, for 10 to 12 months at a time. As a junior officer, he wore double ear protection to safeguard from the routine loud noises: needle-gunning, the high whine of gas turbines, sudden loud explosive take-offs of aircraft. In 1998, he spent

nearly nine months sleeping below the runway of an aircraft carrier. "That's not uncommon," Ziemba said.

He always had his hearing checked as part of his regular exam. It wasn't until he watched a public television program about ringing in the ears that he sought an audiologist and was diagnosed with tinnitus.

"It was gradual — I didn't realize it was not normal," Ziemba explained. "Dead-quiet silence is uncomfortable for me," he said. "I don't want to sleep until I get really sleepy."

Ziemba sleeps with noise: a ceiling fan overhead and another bedside, or a sound pillow that plays ocean sounds. Once requiring complete silence, he now needs music or TV to read and write.

"Tinnitus is the presence of a sound — ringing, buzzing, hissing, or other sound — that only you hear, and for some individuals, does not go away," explained Dr. Shoshannah Russell, an audiologist at Walter Reed Bethesda. She said the condition affects more than 40 million Americans but only 15 million seek professional help.

The U.S. Department of Veterans Affairs (VA) estimates at

least 4 million veterans currently suffer from the condition with no known cure. Also according to the VA, tinnitus is the primary service-connected disability among veterans returning from Middle East conflicts, like activated Maryland National Guard Maj. Jorge H. Gonzalez, 46.

He served as a mortarman for 14 years as an infantry Soldier, and first thought the loud noise he heard in both ears came from the elevated heights of Afghanistan. In 2011 when he returned to the states for post-deployment exams at Camp Atterbury, Ind., Gonzalez realized the ringing he heard was tinnitus, the likely culprit for the on-going headaches and sleep deprivation he also experienced.

He explained what life is like with tinnitus for him. "On a good day, you can barely hear it," Gonzalez said. On a bad day, the ringing sounds like the test pattern on a TV, continuously non-stop in both ears, he said.

Russell indicated exposure to hazardous noise as one of the top reasons for tinnitus in the military population. Sources of high levels of noise include firearms, explosions, ship and

See HEARING page 9



Photo by Christina Graber, U.S. Army Public Health Command

Staff Sgt. Nicole Gillespie inserts the Combat Arms Earplugs in her ear to protect against sustaining a hearing injury.

COMBAT

Continued from pg. 1

read the poem they created. We do not try to force them."

Eric Daniels, an active duty Marine for almost 10 years, has completed two combat deployments to Afghanistan. According to Daniels, his fellow Marines encouraged him to participate in the Combat Paper workshop. He admitted to being timid when he did his first workshop and said he was unsure of what he was doing. Yet, he continued coming back and said he saw progress.

"I did the first one and I had no idea what I was doing," said Daniels. "I got published and that was cool. My writing has gotten better because of Seema. They force you to tell the story and pull more information out of you [to write]."

Daniels recalled writing the poem "Zombie" in less than an hour.

"I had insomnia and I got up and started writing," Daniels explained. "I continued to write until it was all there. I sent it to Seema and now, here it is published."



Photo by Mass Communications Specialist 2nd Class Ashante Hammons

Combat boots and shreds of service members' uniforms are displayed during the Combat Paper Project Art Exhibit.

As Daniels shares his experience, he realizes that his journey has come full circle because he's able to teach others how to make paper.

"One thing that Eli told

me was his [experience] was about teaching one generation to the next about paper-making skills," he said.

Army sergeant Jacob Owens said his previous job was

the opposite of his combat duty. As one of the workshop participants, he shares his experience in words and visual art.

"Before I joined the Army,

I used to work at Walt Disney World," said Owens. "I was surrounded by all this 'magical scenery.' Then, the deployment happens and it's the complete opposite."

While receiving treatment at WRNMMC, Owens continues to keep a positive attitude and work hard towards his goals.

"I've been here recovering, working hard by doing internships, and going to school for my master's degree in public relations," Owens said. He concluded by saying that soon he'll transfer to Fort Meade to continue on with his Army career.

The Combat Paper and Warrior Writers workshop is an empowering program to those who have served in combat zones. It gives service members a way to express themselves through words and visual art, which they share with the people around them.

"Each show is very different," explained Palliparambil. "So, you can't really predict how it's going to be because it affects you differently. Each story is different. Each person who participates is different in their response to it."

SURGEON

Continued from pg. 5

care provided at the flagship medical center of the Department of Defense, while challenging staff to continue to improve that care and its access to beneficiaries.

"We came here to reinforce that we really believe in the joint mission and success of this organization," Nathan said. "We recognize there are challenges; it's tough to be in the military, it's tough to be in military medical, and it's tougher to be at this epicenter [WRNMMC] which has so many demands on it and is under the scrutiny of the nation's leaders and everyone else. Your most discerning customers are the family members, wounded warriors, and the retirees we're privileged to take care of.

"Walter Reed Bethesda is a unique environment and we at senior leadership appreciate the way you are

tremendous ambassadors of care," the surgeon general said to the WRNMMC staff. "We're committed to, as we transition from this wartime footing, not to lose our corporate knowledge and ethos of taking care of the wounded, and give you what you need to make sure you continue to cultivate and attract the best and brightest.

"You are the best and brightest the nation and military have to offer, and we want to keep attracting [that]," Nathan added. "You give people an experience here that they can't get anywhere else in the Navy, Army or Air Force, and that's not because of this building, but because of you, so keep doing what you're doing."

He added that as the war winds down and the military transforms and downsizes, resources are constrained, "money is tight and hard decisions will be made. Lots of questions will be asked, [such as] will we need big hospitals? How many people will we need in the military? What will the medical benefits be like?

"I think we're going to change because the military has to reinvent itself," Nathan continued. "Just as we

don't necessarily fight wars as we did in the 1940s or 1970s, we don't provide medical care the way we did in the 1940s or 1970s. We do it much more virtually, relying much more on technology."

Although this has impacted the number of personnel in the military, it has also resulted in the highest survivability rate in the history of the U.S. military, with 97 percent of war wounded surviving their injuries, Nathan said. He added if a service member is injured, "You don't care who's saving your life, all you want is to make sure that they're working as a complementary set of gears, and that's what happens."

The surgeon general explained this is a value of WRNMMC and explained the medical center as a good example of how "jointness" can work.

"The good news is if [being joint] is going to work anywhere, it is going to work in military medical because the one thing we will not forfeit [regardless of service affiliation] is the care, quality and compassion for the patient," Nathan said.

Boss added more training between the services will be joint, such as Sailors going through the Army 68 Charlie/Licensed Practical Nurse Course at WRNMMC and Soldiers participating in the Independent Duty Corpsman course at Naval Base San Diego.

The challenge for Walter Reed Bethesda, the vice admiral continued, is bringing more primary care to the medical center, adding WRNMMC offers beneficiaries things other health care facilities in the region do not.

The surgeon general explained those in the military are "special" and "elite," and out of every four people in this country who are of age to join the military, only one is eligible to join the armed forces. In addition to its advanced technology, the armed forces has also been the "most progressive to bring about change and equality for genders and alternative lifestyles," he said. "We are much more inclusive, which brings challenges and opportunities."

Nathan said the country will not waiver or forfeit the integrity of its military. "When we have quality-of-the force issues [sexual assault and harassment, drugs and alcohol abuse, etc.], we launch because we've asked [your families and friends] to give you to us, and they accept there is a risk because we go in harm's way, but they won't tolerate if you are in danger from within, and our guarantee is it won't."

Army Col. Ray C. Antoine, director of nursing at WRNMMC, attended one of last week's calls with the Navy Surgeon General and Force Master Chief, during which he commented, "We are a joint facility and we work very well together. We see ourselves as one facility, not belonging to one service or the other."

"I was pleased to hear Vice Admiral Nathan's message and that he chose to engage the audience in a friendly and casual manner," stated David Rohrbaugh, civilian advisor to WRNMMC Board of Directors and pharmacy coordinator for the Sole Provider Program at WRNMMC. "His remarks outlined the differences and difficulties the separate services have in supporting an integrated facility such as ours. But, more important, he made clear that he and his counterparts are aware of these issues, continue to work through them for the common good, and recognize both the importance of fully supporting Walter Reed Bethesda and sustaining its heritage as the world's premier military medical center.

"I felt his message was both sincere and pragmatic, and although it was targeted specifically for Navy personnel, it was an inclusive and encompassing overview of the expectations he has for his military members who are stationed here, charging them with the responsibility to lead the way to establish and promote Walter Reed Bethesda as the role model for all integrated military facilities in the future," Rohrbaugh continued. "I was also happy to hear him acknowledge the value and importance of civilians and contractors in the fulfillment of our commitment to providing the best possible care to our patient population."

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HEARING

Continued from pg. 7

aircraft noise, tactical vehicles, training simulations, loud generators and machinery, and recreational noisy hobbies such as hunting and loud music.

Retired Navy Lt. Michael Rodriguez, 56, spent eight years as a submariner, working as a missile technician. He said he never wore ear protection when venting tubes on submarines, but estimated he wore ear protection about 30 percent of the time he served as a Navy SEAL.

"It was inevitable I would end up with tinnitus," Rodriguez said. Using mortars and artillery as an enlisted Sailor,

and not wearing ear protection during fire fights with automatic weapons and grenade launchers as a SEAL accounted for both acute and chronic exposure to blasts and loud noises. Rodriguez did demolitions, worked from helicopters and swam underneath ships with motors that pumped several thousands of gallons of water per minute and were "painful [to the ears] to get close," he said.

Rodriguez explained the effects of tinnitus are far reaching, affecting "not only the individual but everyone around them – family, friends and colleagues at work," he said.

The condition disrupts his sleep and has impacted his family life. Sometimes the father of three won't hear the baby cry-

ing; other times he will ask his wife and kids to speak louder. "I really have to focus," he said. "It's frustrating."

There is no known cure for subjective tinnitus, according to Russell, so the audiologist is working with researchers at the University of Alabama and five other military treatment facilities (MTf) on a tinnitus retraining therapy trial. In the randomized clinical trial for persons with severe tinnitus, participants will be treated with tinnitus retraining therapy (TRTT), which includes low-level sound therapy and directive counseling, or the standard care typically given for persons with severe tinnitus in MTf. The primary objective of this study is to see whether tinnitus retraining therapy is

an effective way to manage patients with severe tinnitus.

Individuals with moderate to severe tinnitus who are age 18 or older, are eligible to receive care at a Department of Defense medical facility and consider tinnitus overwhelming can participate in the tinnitus trial. Participants will complete assessments, take hearing tests and visit a study audiologist seven times over 18 months.

There are no known physical risks for participants in this study. Participants would receive treatment for their tinnitus that could decrease their awareness of tinnitus, annoyance and impact on their lives, improve their quality of life, as well as help future patients. That's why Ziemba said he

chose to participate in the trial — his first.

"The experience has been really good," he explained, and indicated he has experienced a significant decrease of his tinnitus.

"I didn't have anything to lose and a lot to gain," Gonzalez said about his participation in the study. "It's a win-win for everybody — why not?" Rodriguez joined the study in 2013 for a better understanding of tinnitus and how to cope. "It's a great program for individuals and their families," he said.

Anyone interested in participating in the TRTT study should contact April Hovanec at H0valap@verizon.net or Dr. Shoshannah Russell at Shoshannah.l.russell.civ@mail.mil or call 301-400-0882.



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Look for a special pullout banner in the August 15th issue of DCMilitary Family Life, or visit DCMilitary.com/honorflight to download a special welcome banner to customize and hold as you greet our veterans. Our photographers will be on hand to snap a photo of your family with your personal banner for future publication.

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BIRTHDAY

Continued from pg. 6

those who had been severely burned or injured with bullets or projectiles, as well as Afghan children with birth defects such as cleft lips or with injuries to extremities such as those sustained from stepping on landmines.

She also expressed pride in the creation of her "resource sharing plastic surgery mission that has now had 42 missions and saved \$6 million." The team of health-care providers from WRNMMC participates in Medical Readiness Training Exercises (MEDRETE's) as part of humanitarian missions, providing world-class care to patients who might not otherwise be able to obtain it, while offering valuable training to the caregivers.

Latham added her "most exciting moments" in the Air Force have been riding in F-16s for a summer at Luke AFB, Ariz., while in medical school and a helicopter ride around Mount Fuji while on temporary duty assignment to Japan.

The surgeon said she enjoys serving in uniform and the Air Force, as well

as taking care of those who serve with her, those who have served, and their families.

"I am also grateful for my colleagues and co-workers who work as a team to make great things happen for patients," Latham said.

The U.S. Air Force has been working to make "great things happen" for its 67 years, not only in medicine but in other missions, states its uniformed leaders.

"From 1947 to today, Airmen have accomplished our service's core missions — air and space superiority; intelligence, surveillance, and reconnaissance; rapid global mobility; global strike; and command and control...we continue to provide an asymmetric advantage for America," stated Air Force Chief of Staff Gen. Mark A. Welsh III and Chief Master Sgt. of the Air Force James Cody in their message to the force.

"America depends on the Airmen who provide Global Vigilance, Global Reach and Global Power, and our remarkable Total Force of Active Duty, Guard, Reserve and Civilian Airmen has never failed to answer the nation's call," the Air Force leaders added.

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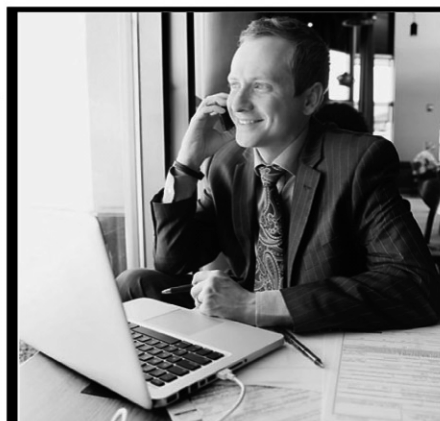
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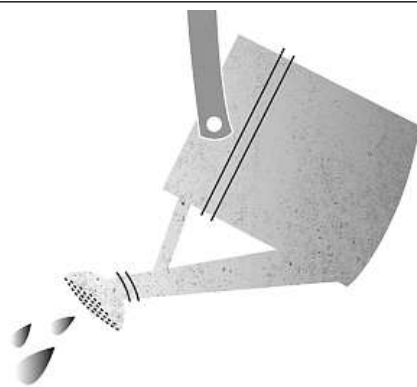
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